Underweight children in the country

†1275.SHRI RAM JETHMALANI:
DR. MURLI MANOHAR JOSHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that only 12 per cent of all newly born babies in the country are underweight during the first six months of their birth but such percentage of babies increases to 50 per cent by the time of their attaining the age of 18 months; and

(b) if so, the facts in this regard and whether Government have implemented the targeted scheme to get rid of this problem of underweight babies and if so, the outline thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per NFHS-II Survey (1998-99) it has been estimated that 11.9% of children below 6 months and 58.5% children in the age group 12-23 months are underweight.

(b) Government of India, under National Rural Health Mission and Reproductive Child Health Programme Phase-ll has initiated various child health programmes with focus on nutritional aspect. They are:

(1) Integrated Management of Neonatal and Childhood Illnesses (IMNCI) is a comprehensive approach towards child survival and health and is central pillar of child health strategy in Reproductive Child Health Phase-ll encompassing range of intervention to prevent and manage major childhood illnesses i.e. diarrhoeal disease, Acute Respiratory Infection, Malaria, Measles. It also brings health and nutrition interventions like breast feeding, complementary feeding, Vitamin A supplementation and care of malnourished as key focus areas. IMNCI is to be implemented in 125 districts over the period of NRHM under which all the health functionaries including doctors, health workers and anganwadi workers are to be trained in these approaches.

(2) Promotion of exclusive breast feeding for six months and introduction of appropriate complementary feeding under Infant

†Onginal notice of the question was received in Hindi

and Young Child Feeding practices is also a major thrust area in RCH Phase-ll in partnership with Ministry of Women and Child Development.

(3) Emphasis is being given to strengthen the supplementation of micronutrients programme; Vitamin A and Iron under RCH-II.

(4) Monthly Health and Nutrition days are being organized in every village with the help of the Anganwadi Workers, ANM Auxiliary Nurse Midwife and the ASH A (Accredited Social Health Activists).

(5) Advocacy through Mass Media.

NGOs in Rajasthan

1276. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of Non-Governmental Organizations (NGOs) pertaining to Health and Family Welfare are at present working with his Ministry who are in receipt of the Central Funds particularly in Rajasthan State;

(b) whether these NGOs are regularly submitting to Government the required utilization certificates in respect of projects and funds allocated to them; and

(c) if not, the action Government have taken or propose to take against such defaulting NGOs during the last two years, till date and the details thereof, NGO-wise and State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The information is being collected and will be laid on the Table of the House.

T.B. deaths In Jharkhand

1277. MS. MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the annual death in Jharkhand due to T.B.;

(b) the percentage of people suffering from T.B. in Jharkhand;

(c) whether any research has been conducted on such high rate of T.B. prevalence in the State;